

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5417 Geraldine Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community Birth
years, months or days)

3. (a) PRINT FULL NAME Hugo H. Kienker

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clara 6. (c) Age of husband or wife if alive 55 years
V. Kienker nee Steineker
7. Birth date of deceased July 13, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 7 29 hr. min.

9. Birthplace Holstein, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business _____

MOTHER FATHER { 12. Name Fred Kienker
13. Birthplace Holstein, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Louise Frueh
15. Birthplace Holstein, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Clara V. Kienker

(b) Address 5417 Geraldine Ave

17. (a) Burial (b) Date thereof 3/15/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) MAR 14 1940 (b) _____
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5417 Geraldine Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1940 hour 5:45 PM minute _____ M.

21. I hereby certify that I attended the deceased from 5-16-39 to 3-12, 1940.
that I last saw him alive on 3-1, 1940.
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lip about 2 yrs.
Duration

Due to indefinite cause

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Carcinoma of lower lip with metastases to neck.
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Charles F. Shewell (M. D. or other)
Address 3720 Washington Date signed 3/14/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

Harvey Thompson

Licensed Embalmer No.

2967

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.